



40071

2-D Bar
Code

2007
TC-40

Fiscal Year

Form 8886

9999

Utah State Income Tax Dollars Fund Education

• Amended Return

Utah Individual Income Tax Return

X if deceased

Your Soc. Sec. No. DONALD D GRASSFIELD
400005203

74131 FESCUE DR

Spouse's SSN

ST THOMAS

UT 84003

1 Filing Status - enter code A = Single • B B = Head of Household C = Married filing jointly D = Married filing separately E = Qualifying widow(er)	2 Exemptions - enter number a 1 Yourself b Spouse c 2 Dependents d Disabled dependents - see instr. e 3 Total exemptions (add a through d) } from federal return	3 Election Campaign Fund - enter code C = Constitution Yourself Spouse D = Democrat • C • R = Republican N = No contribution Does not increase tax or reduce refund
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4 a Federal adjusted gross income	• 4 a	45450 .		
4 b Additions to income from form TC-40S, Part 1	4 b	485 .	4	45935 .
5 a State tax refund included on federal form 1040	• 5 a	.		
5 b Deductions from income from form TC-40S, Part 2	5 b	488 .	5	488 .
6 Modified federal adjusted gross income (subtract line 5 from line 4)	• 6	45447 .		
7 State income tax deducted as an itemized deduction on federal form 1040, Sch. A	• 7	.		
8 Total adjusted income (add lines 6 and 7)			8	45447 .
9 a Standard or itemized deduction	• 9 a	7850 .		
9 b Personal exemptions deduction (multiply \$2,550 by line 2e, unless limited)	• 9 b	7650 .		
9 c One-half of the federal tax	• 9 c	1775 .		
9 d Retirement exemption/deduction - TC-40B. Check box(es) if age 65 or over	• 9 d		• TP • SP	
9 e Other deductions from form TC-40S, Part 3	9 e	3900 .	9	21175 .
10 Utah taxable income (subtract line 9 from line 8) If less than zero, enter zero	• 10	24272 .		
11 Enter "X" if you are a qualified exempt taxpayer (see instructions)	• 11			
12 Traditional tax calculation (calculate tax on page 17)	• 12	1406 .		
13 Flat tax rate calculation (multiply line 6 by .0535) See instr for UESP credit	• 13	2377 .		
14 Utah income tax (enter the lesser of line 12 or line 13)			14	1406 .
15 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C	• Nonresident • Part-year resident			
Box a - from Col. A, line 32	Box b - from Col. B, line 32	Box c - Utah income tax ratio	(Line 14 x Box c)	

• . / • . = . • 15 .

Last name GRASSFIELD

SSN 400-00-5203

1 6	Enter tax (full-year resident, enter tax from line 14 - non or part-year resident, enter tax from line 15)	1 6	1406 .																																		
1 7	Nonrefundable credits from form TC-40S, Part 4	1 7	225 .																																		
1 8	Subtract line 17 from line 16 (Note: if line 17 is greater than or equal to line 16, enter zero)	1 8	1181 .																																		
1 9	Contributions - add lines 19a through 19e and enter total contributions on line 19																																				
	<table border="0"> <tr> <th>Code</th> <th>Description</th> <th>Code</th> <th>Amount</th> <th>Sch Dist Code</th> </tr> <tr> <td>0 1</td> <td>Utah Nongame Wildlife Fund</td> <td>• 1 9 a</td> <td>03 25 .</td> <td></td> </tr> <tr> <td>0 2</td> <td>Pamela Atkinson Homeless Trust Fund</td> <td>• 1 9 b</td> <td>05 15 .</td> <td>09</td> </tr> <tr> <td>0 3</td> <td>Kurt Oscarson Children's Organ Transplant Fund</td> <td>• 1 9 c</td> <td>.</td> <td></td> </tr> <tr> <td>0 5</td> <td>School District & Nonprofit School District Foundation</td> <td>• 1 9 d</td> <td>.</td> <td></td> </tr> <tr> <td>0 8</td> <td>Wolf Depredation Fund</td> <td>• 1 9 e</td> <td>.</td> <td>1 9</td> </tr> <tr> <td>0 9</td> <td>Cat & Dog Community Spay and Neuter Program</td> <td></td> <td></td> <td>40 .</td> </tr> </table>	Code	Description	Code	Amount	Sch Dist Code	0 1	Utah Nongame Wildlife Fund	• 1 9 a	03 25 .		0 2	Pamela Atkinson Homeless Trust Fund	• 1 9 b	05 15 .	09	0 3	Kurt Oscarson Children's Organ Transplant Fund	• 1 9 c	.		0 5	School District & Nonprofit School District Foundation	• 1 9 d	.		0 8	Wolf Depredation Fund	• 1 9 e	.	1 9	0 9	Cat & Dog Community Spay and Neuter Program			40 .	
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2 0	AMENDED RETURNS ONLY - previous refund	• 2 0	.																																		
2 1	Recapture of low-income housing credit	• 2 1	100 .																																		
2 2	Utah use tax	• 2 2	75 .																																		
2 3	Total tax, use tax and additions to tax (add lines 18 through 22)	2 3	1396 .																																		
2 4	UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms)	• 2 4	1419 .																																		
2 5	Credit for Utah income taxes prepaid	• 2 5	500 .																																		
2 6	AMENDED RETURNS ONLY - previous payments	• 2 6	.																																		
2 7	Refundable credits from form TC-40S, Part 5	2 7	50 .																																		
2 8	Total withholding and credits (add lines 24 through 27)	2 8	1969 .																																		
2 9	Tax Due - if line 23 is greater than line 28, subtract line 28 from line 23	TAX DUE • 2 9	.																																		
3 0	Penalty and interest	3 0	.																																		
3 1	Pay this amount (add lines 29 and 30)	3 1	.																																		
3 2	Refund - if line 28 is greater than line 23, subtract line 23 from line 28	REFUND • 3 2	573 .																																		
3 3	Enter the amount of refund you want applied to your 2008 taxes	• 3 3	400 .																																		
3 4	DIRECT DEPOSIT YOUR REFUND. Complete information below.																																				
	• Routing number 012345678	• Account number 400521003	Acct type • X •																																		

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN	Your signature	Date	Spouse's signature	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN	• 112233
Paid Preparer's	Preparer's signature	Date	Preparer's telephone number	•
Section	Firm's name and address		Preparer's SSN/PTIN	•
			Preparer's EIN	•

Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

Code		Code		
5 1	Lump sum distribution	5 6	Child's income excluded from parent's return	• 53 125 .
5 2	State taxes allocated from estate/trust	5 7	Municipal bond interest	
5 3	Medical Savings Account (MSA) *	6 0	Untaxed income of a resident trust	• 60 360 .
5 4	Utah Educational Savings Plan (UESP) *	6 1	Untaxed income of a nonresident trust	
5 5	Reimbursed adoption expenses *	6 9	Equitable adjustments	• .
	* to the extent previously deducted from Utah income			• .
	Total additions to income (add all additions to income and enter total here and on TC-40, line 4b)			485 .

Part 2 - Deductions from Income (write the code and amount of each other deduction, see pages 6 and 7)

Code		Code		
7 1	Interest from U.S. Government Obligations	7 8	Railroad retirement income	• 85 488 .
7 7	Native American income:	7 9	Equitable adjustments	
	Enrollment number & Tribe -	8 2	Nonresident active duty military pay	• .
	Primary •	8 5	State tax refund distributed to beneficiary	• .
	Secondary •			• .
				• .
				• .
				• .
	Total deductions from income (add all deductions from income and enter total here and on TC-40, line 5b)			488 .

Part 3 - Other Deductions from Income (write the code and amount of each other deduction, see pages 8 and 9)

Code		Code		
7 2	Medical Savings Account (MSA)	7 5	Long-term care insurance premiums	• 73 1000 .
7 3	Utah Educational Savings Plan (UESP)	7 6	Adoption expenses	• 75 700 .
7 4	Health care insurance premiums	8 1	Gains on capital transactions	• 81 2200 .
				• .
				• .
				• .
	Total other deductions (add all other deductions and enter total here and on TC-40, line 9e)			3900 .

Attach completed schedule to your 2007 Utah Income Tax return

Last name

GRASSFIELD

SSN

400-00-5203

Part 4 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 13)

<u>Code</u>		<u>Code</u>		
0 1	At-home parent	1 0	Recycling market development zone	• 02 100 .
0 2	Qualified sheltered workshop - enter name below	1 1	Tutoring disabled dependents	
	ALL SAINTS SHELTER	1 2	Research activities	• 08 125 .
0 3	Carryover of prior credit for energy systems	1 3	Research machinery/equipment	
0 5	Clean fuel vehicle	1 7	Tax paid to another state (attach TC-40A)	• .
0 6	Historic preservation	1 9	Live organ donation expenses	
0 7	Enterprise zone	2 1	Renewable residential energy systems	• .
0 8	Low-income housing			• .
				• .
Total nonrefundable credits (add all nonrefundable credits and enter total here and on TC-40, line 17)				225 .

Part 5 - Refundable Credits (write the code and amount of each refundable credit, see page 15)

<u>Code</u>		<u>Code</u>		
3 9	Renewable commercial energy systems	4 6	Mineral production withholding	• 46 50 .
4 0	Targeted business tax credit	4 7	Agricultural off-highway gas/undyed diesel	
4 1	Special needs adoption credit	4 8	Farm operation hand tools	• .
4 3	Nonresident shareholder's withholding			• .
	FEIN -			• .
Total refundable credits (add all refundable credits and enter total here and on TC-40, line 27)				50 .

Attach completed schedule to your 2007 Utah Income Tax return

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 63-1234567				1 Wages, tips, other compensation 18,000	2 Federal income tax withheld 2,700		
c Employer's name, address, and ZIP code UCAN WINABUNDLE RIVERBOAT 21 JOKERS FERRY BLACKJACK MS 39759				3 Social security wages 18,000	4 Social security tax withheld 1,116		
				5 Medicare wages and tips 18,000	6 Medicare tax withheld 261		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-5203				9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name DONALD D. GRASSFIELD 74131 FESCUE DRIVE SAINT THOMAS, UT 84003				11 Nonqualified plans	c12a D 1,500		
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>	c12b		
				14 Other	c12c		
				c12d			
f Employee's address and ZIP code							
15 State UT	Employer's state I.D. no. W15619	16 State wages, tips, etc. 18,000	17 State income tax 1,295	18 Locality name	19 Local wages, tips, etc.	20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number 22-8745321				1 Wages, tips, other compensation 2,400		2 Federal income tax withheld	
c Employer's name, address, and ZIP code UNITED STATES AIR FORCE 321 MILITARY BASE BEAVER UT 84713				3 Social security wages 2,400		4 Social security tax withheld 149	
				5 Medicare wages and tips 2,400		6 Medicare tax withheld 35	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-5203				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name DONALD D. GRASSFIELD 74131 FESCUE DRIVE SAINT THOMAS, UT 84003				11 Nonqualified plans		c.12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		c.12b	
				14 Other		c.12c	
						c.12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. UT Y15159		16 State wages, tips, etc. 2,400		17 State income tax 124		18 Locality name	
						19 Local wages, tips, etc.	
						20 Local income tax	

For **W-2** Wage and Tax Statement **2007**

Label

(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning , 2007, ending , 20

OMB No. 1545-0074

L
A
B
E
L

H
E
R
E

Your first name and initial

DONALD D

Last name

GRASSFIELD

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 16.

74131 FESCUE DR

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

ST THOMAS UT 84003

Your social security number

400 00 5203

Spouse's social security number

▲ You must enter
your SSN(s) above. ▲

Checking a box below will not
change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶

☐ You ☐ Spouse

Filing Status

Check only
one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four
dependents, see
page 19.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's
social security number(3) Dependent's
relationship to
you(4) ☒ If qualifying
child for child tax
credit (see page 19)

THOMAS GRASSFIELD

801 19

4713

SON

SUSAN GRASSFIELD

627 21

0605

DAU

Boxes checked
on 6a and 6b

1

No. of children
on 6c who:

• lived with you

2

• did not live with
you due to divorce
or separation
(see page 20)

Dependents on 6c
not entered aboveAdd numbers on
lines above ▶

3

d Total number of exemptions claimed

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a W-2,
see page 23.

Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

b Taxable amount (see page 25)

b Taxable amount (see page 26)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

23 Educator expenses (see page XX)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

7 20400

8a

8b

9a

9b

10

11

12

13

14

15b

16b

17 25050

18

19

20b

21

22 45450

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 45450

Adjusted
Gross
Income

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:
Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	45450
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7850
41	Subtract line 40 from line 38	41	37600
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page XX	42	10200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	27400
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	3550
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	3550
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page XX). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	3550

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	3550

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	2700
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	2700

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	850
77	Estimated tax penalty (see page 62)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name **JAMES DARWIN** Phone no. **(801) 555-1111** Personal identification number (PIN) **1 1 2 2 3**

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	